

1 Shawn B. Rediger, WSBA #26425
Daniel A. Brown, WSBA #22028
2 WILLIAMS, KASTNER & GIBBS PLLC
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3 Seattle, WA 98101-2380
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5 dbrown@williamskastner.com
Attorneys for Debtors

The Honorable Brian D. Lynch
Chapter 11
Location: Courtroom I
Date: January 18, 2018
Time: 9:30 a.m.
Response Due: January 11, 2018

8
9 UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF WASHINGTON
10 AT TACOMA

11 In Re:

12 OLYMPIA OFFICE LLC; WA PORTFOLIO
13 LLC; MARINERS PORTFOLIO LLC; and
SEA HAWK PORTFOLIO LLC,

14 Debtor.

CHAPTER 11
CASE NO. 17-44721-BDL-Lead Case
(*Jointly Consolidated*)

SUPPLEMENTAL DECLARATION OF
DANIEL A. BROWN IN SUPPORT OF
CHAPTER 11 DEBTORS' RESPONSE TO
MOTION FOR RELIEF FROM STAY
AND/OR DISMISSAL OF BANKRUPTCY
CASES

17 I, Daniel A. Brown, declare as follows:

18 1. I am a member at Williams Kastner, attorneys for the Debtors in this action, and
19 I make this declaration based on my personal knowledge. If called to testify I would be
20 competent to do so.

21 2. Attached as **Exhibit L** is a true and correct copy of the Evidence of Commercial
22 Property Insurance on the Properties at issue, dated September 27, 2017, and disclosed to our
23 office on January 10, 2018 in response to an inquiry regarding the same by Shawn Rediger,
24

25 SUPPLEMENTAL DECLARATION OF DANIEL A. BROWN IN
SUPPORT OF CHAPTER 11 DEBTORS' RESPONSE TO MOTION
FOR RELIEF FROM STAY AND/OR DISMISSAL OF
BANKRUPTCY CASES - 1

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1 reflecting insurance coverage for the “buildings” totaling \$44,962,154 (excluding the sold
2 Moses Lake property) and exclusive of \$4,848,744 in coverage for “business income.”

3 The foregoing statement is made under penalty of perjury under the laws of the United
4 States of America and is true and correct.

5 DATED this 16th day of January, 2018, at Seattle, Washington.

6 /s/ Daniel A. Brown

Daniel A. Brown, WSBA #22028

7 Shawn B. Rediger, WSBA #26425

Attorneys for Defendant

8 WILLIAMS, KASTNER & GIBBS PLLC

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9 Seattle, WA 98101-2380

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12 *Attorneys for Debtors Olympia Office LLC;*
13 *WA Portfolio LLC; Mariners Portfolio LLC;*
14 *and Seahawk Portfolio LLC*

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SUPPLEMENTAL DECLARATION OF DANIEL A. BROWN IN
SUPPORT OF CHAPTER 11 DEBTORS’ RESPONSE TO MOTION
FOR RELIEF FROM STAY AND/OR DISMISSAL OF
BANKRUPTCY CASES - 2

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1 **PROOF OF SERVICE**

2 The undersigned hereby certifies that on January 16, 2018, I electronically
3 filed the foregoing with the Clerk of the Court using the CM/ECF system, which will
4 send notification of such filing to the CM/ECF participants.

5 DATED this 16th day of January, 2018.

6 /s/ Daniel A. Brown
7 Shawn B. Rediger, WSBA #26425
8 Daniel A. Brown, WSBA #22028
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17 *WA Portfolio LLC; Mariners Portfolio LLC;*
18 *and Seahawk Portfolio LLC*

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SUPPLEMENTAL DECLARATION OF DANIEL A. BROWN IN
SUPPORT OF CHAPTER 11 DEBTORS' RESPONSE TO MOTION
FOR RELIEF FROM STAY AND/OR DISMISSAL OF
BANKRUPTCY CASES - 3

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EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

DATE (MM/DD/YYYY)
09/27/2017

THIS EVIDENCE OF COMMERCIAL PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

PRODUCER NAME, CONTACT PERSON AND ADDRESS HBT Insurance P.O. Box 833 Auburn, WA 98071		PHONE (A/C, No, Ext): (253) 833-5140	COMPANY NAME AND ADDRESS Continental Insurance Company C N A 333 S Wabash Chicago, IL 60604		NAIC NO: 35289
Contact name:		IF MULTIPLE COMPANIES, COMPLETE SEPARATE FORM FOR EACH			
FAX (A/C, No): (253) 939-9356		E-MAIL ADDRESS: info@hbtinsurance.com			
CODE:	SUB CODE:		POLICY TYPE		
AGENCY CUSTOMER ID #: CDCPROP-01	License # 224596		Commercial Package		
NAMED INSURED AND ADDRESS CDC Properties I, LLC c/o JSH Properties 20415 72nd Ave S, Ste 180 Kent, WA 98032			LOAN NUMBER	POLICY NUMBER 6042780922	
ADDITIONAL NAMED INSURED(S)			EFFECTIVE DATE 09/29/2017	EXPIRATION DATE 09/29/2018	<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED
			THIS REPLACES PRIOR EVIDENCE DATED:		

PROPERTY INFORMATION (ACORD 101 may be attached if more space is required) ☒ BUILDING OR ☐ BUSINESS PERSONAL PROPERTY

LOCATION / DESCRIPTION See attached
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION		PERILS INSURED	BASIC	BROAD	<input checked="" type="checkbox"/> SPECIAL
COMMERCIAL PROPERTY COVERAGE AMOUNT OF INSURANCE: \$		DED: 10,000			
	YES	NO	N/A		
<input checked="" type="checkbox"/> BUSINESS INCOME <input type="checkbox"/> RENTAL VALUE	<input checked="" type="checkbox"/>			If YES, LIMIT:	Actual Loss Sustained; # of months: 18
BLANKET COVERAGE	<input checked="" type="checkbox"/>			If YES, indicate value(s) reported on property identified above: \$	
TERRORISM COVERAGE	<input checked="" type="checkbox"/>			Attach Disclosure Notice / DEC	
IS THERE A TERRORISM-SPECIFIC EXCLUSION?	<input checked="" type="checkbox"/>				
IS DOMESTIC TERRORISM EXCLUDED?	<input checked="" type="checkbox"/>				
LIMITED FUNGUS COVERAGE	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
FUNGUS EXCLUSION (If "YES", specify organization's form used)	<input checked="" type="checkbox"/>				
REPLACEMENT COST	<input checked="" type="checkbox"/>				
AGREED VALUE			<input checked="" type="checkbox"/>		
COINSURANCE	<input checked="" type="checkbox"/>			If YES, %	
EQUIPMENT BREAKDOWN (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
ORDINANCE OR LAW - Coverage for loss to undamaged portion of bldg	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
- Demolition Costs	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
- Incr. Cost of Construction	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
EARTH MOVEMENT (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
FLOOD (If Applicable)	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
WIND / HAIL INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:	<input checked="" type="checkbox"/>			If YES, LIMIT:	DED:
NAMED STORM INCL <input type="checkbox"/> YES <input type="checkbox"/> NO Subject to Different Provisions:			<input checked="" type="checkbox"/>	If YES, LIMIT:	DED:
PERMISSION TO WAIVE SUBROGATION IN FAVOR OF MORTGAGE HOLDER PRIOR TO LOSS	<input checked="" type="checkbox"/>				

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

ADDITIONAL INTEREST

CONTRACT OF SALE	<input checked="" type="checkbox"/>	LENDER'S LOSS PAYABLE	<input type="checkbox"/>	LOSS PAYEE	LENDER SERVICING AGENT NAME AND ADDRESS
MORTGAGEE	<input checked="" type="checkbox"/>				
NAME AND ADDRESS					
Additional insured information attached:					AUTHORIZED REPRESENTATIVE <i>Dakini Octaviano</i>



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY HBT Insurance		License # 224596	NAMED INSURED CDC Properties I, LLC c/o JSH Properties 20415 72nd Ave S, Ste 180 Kent, WA 98032
POLICY NUMBER 6042780922			
CARRIER Continental Insurance Company	NAIC CODE 35289	EFFECTIVE DATE: 09/29/2017	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 28 FORM TITLE: EVIDENCE OF COMMERCIAL PROPERTY INSURANCE

Special Conditions:

RE:

Location 1: 629 Woodland Square Loop SE, Lacey, WA 98503
 Location 2: 5000 Capitol Blvd SE, Tumwater, WA 98501
 Location 3: 637 Woodland Square Loop SE, Lacey, WA 98503
 Location 4: 645 Woodland Square Loop SE, Lacey, WA 98503
 Location 5: 4565 7th Ave SE, Lacey, WA 98503
 Location 6: 640 Woodland Square Loop SE, Lacey, WA 98503
 Location 7: 1620 S. Pioneer Way, Moses Lake, WA 98837
 Location 8: 8830 25Th Ave SW, Seattle, WA 98106
 Location 9: 805 S Mission St, Wenatchee, WA 98801

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 Location 8: 8830 25Th Ave SW, Seattle, WA 98106
 Location 9: 805 S. Mission St, Wenatchee, WA 98801

Building - \$5,632,256 Business Income - \$389,124
 Building - \$6,551,658 Business Income - \$799,488
 Building - \$2,701,259 Business Income - \$333,108
 Building - \$923,111 Business Income - \$102,576
 Building - \$10,369,790 Business Income - \$1,083,000
 Building - \$13,130,032 Business Income - \$1,407,000
 Building - \$3,033,790 Business Income - \$451,842
 Building - \$1,895,734 Business Income - \$209,364
 Building - \$3,758,314 Business Income - \$525,084

Additional Insured information:

MLMT 2005-MCP1 Washington Office Properties, LLC ("Noteholder") - c/o Midland Loan Services, a division of PNC Bank, National Association
 10851 Mastin Street, Ste 300, Overland Park, KS 66210 - Attn: David Bornheimer

Midland Loan Services, a division of PNC Bank, National Association
 10851 Mastin Street, Ste 300, Overland Park, KS 66210 - Attn: David Bornheimer

Olympia Office LLC, 229 Linwood Ave, Cedarhurst, New York 11516

Olympia Office LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.

WA Portfolio LLC, 229 Linwood Ave, Cedarhurst, New York 11516

WA Portfolio LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.

Mariners Portfolio LLC, 229 Linwood Ave, Cedarhurst, New York 11516

Mariners Portfolio LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.

Seahawk Portfolio LLC, 229 Linwood Ave, Cedarhurst, New York 11516

Seahawk Portfolio LLC shall have no entitlement to any insurance proceeds unless and until "Noteholder" has been paid in full all amounts owed "Noteholder" under the loans secured by the insured properties.